

# SC eConsult Toolkit

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For more information,  
email [info@sctelehealth.org](mailto:info@sctelehealth.org)

SOUTH CAROLINA  
**Telehealth**  
ALLIANCE



**referwell**

Leveraging the referable moment<sup>SM</sup>

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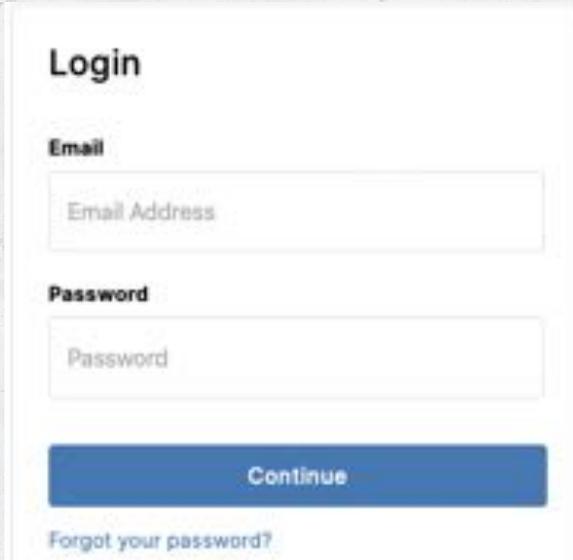
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# How-To Guide

1

Login to ReferWell.



**Login**

**Email**

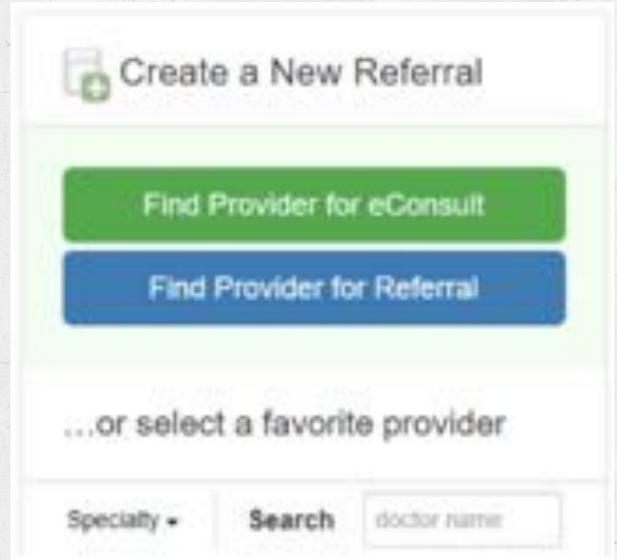
**Password**

**Continue**

[Forgot your password?](#)

2

Select "Find Provider for eConsult."



**Create a New Referral**

**Find Provider for eConsult**

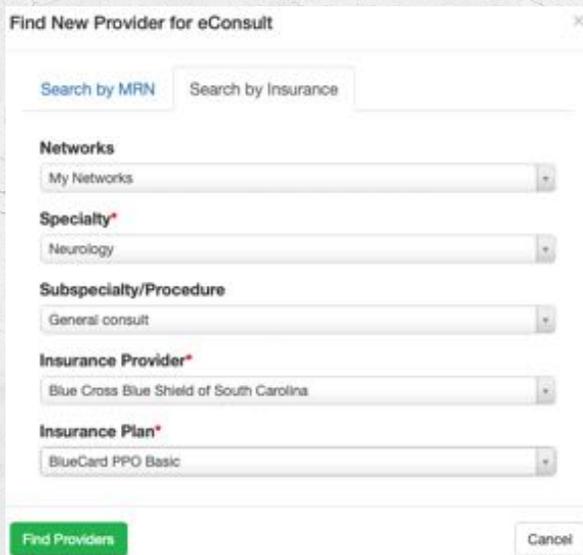
**Find Provider for Referral**

...or select a favorite provider

Specialty ▾ Search

3

Enter the specialty & patient's insurance & click "Find Providers."



**Find New Provider for eConsult**

Search by MRN Search by Insurance

**Networks**

My Networks

**Specialty\***

Neurology

**Subspecialty/Procedure**

General consult

**Insurance Provider\***

Blue Cross Blue Shield of South Carolina

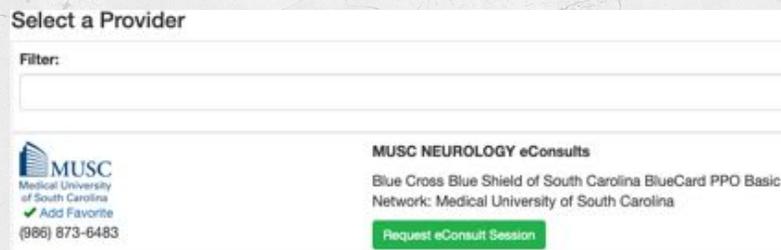
**Insurance Plan\***

BlueCard PPO Basic

**Find Providers** **Cancel**

4

Click the green "Request eConsult Session" button.



**Select a Provider**

Filter:

**MUSC**  
Medical University of South Carolina  
Add Favorite  
(866) 873-6483

**MUSC NEUROLOGY eConsults**  
Blue Cross Blue Shield of South Carolina BlueCard PPO Basic  
Network: Medical University of South Carolina

**Request eConsult Session**

# How-To Guide

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## Enter patient DOB & click "Search."

The patient will only populate if you've previously done an eConsult for them. If not, you can use the "No matches, create new" button.

DOB  First Name  Last Name

The patient will only populate if you've previously done an eConsult for them. If not, you can use the "No matches, create new" button.

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## Enter patient demographics, making sure to complete all fields with a red asterisk (\*).

PATIENT INFORMATION

First Name\*  Middle Name  Last Name\*

Email  Date of Birth\*

Gender  Male  Female Follow Up?  Yes  No Urgent  Yes  No

Primary/Cell Phone\*  Medical University of South Carolina MRN

SSN  Language

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## Complete the section with reason for eConsult.

SPECIALTY / DIAGNOSIS

Specialty  Diagnosis  Procedures and tests

Neurology   General consult

INSURANCE

Insurance Provider  Insurance Plan

Blue Cross Blue Shield Of South Carolina  BlueCard PPO Basic

Member ID

1234

Authorization

Prior Authorization

Reason for eConsult

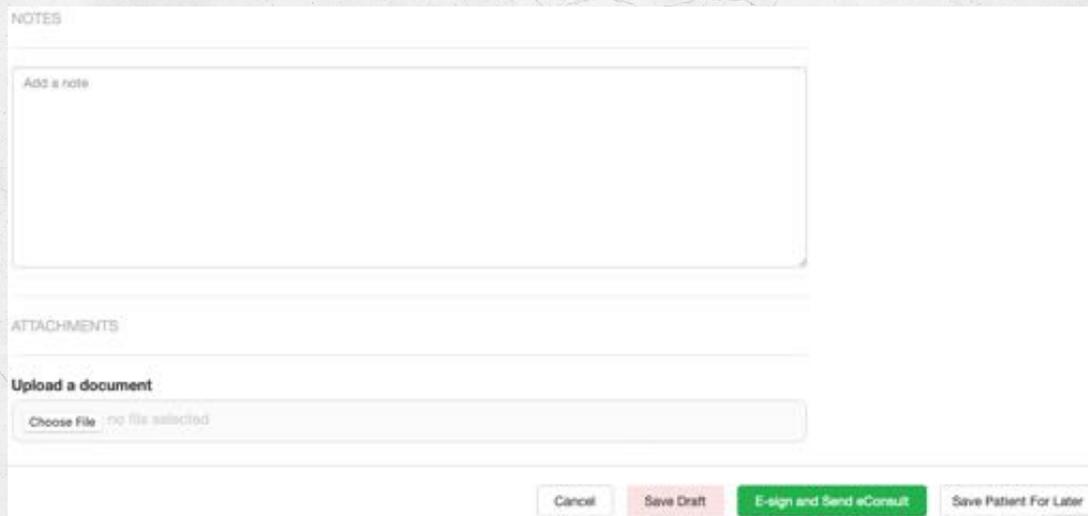
Patient provided verbal consent for eConsult service and understands there may be cost sharing

- Diagnosis field is not required.
- Procedure field should be "General Consult."
- "Reason for eConsult" field should be a high level description (e.g. Elevated TSH, Chronic Migraines, Uncontrolled Diabetes).
- **Important:** You must inform the patient that there may be cost sharing, and check the box to indicate verbal patient consent. (There is currently no cost-sharing for MUSC specialties, however non-MUSC consulting specialists may have a charge).

# How-To Guide

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Fill in the reason for eConsult in the "Notes" field. Please be as detailed as possible when adding the question you would like the specialist to answer.



The screenshot displays a web form for eConsult. At the top, there is a section labeled 'NOTES' with a large text area containing the placeholder 'Add a note'. Below this is an 'ATTACHMENTS' section with the heading 'Upload a document' and a file selection button labeled 'Choose File' with the text 'no file selected' next to it. At the bottom of the form, there are four buttons: 'Cancel', 'Save Draft', 'E-sign and Send eConsult' (highlighted in green), and 'Save Patient For Later'.

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You are highly encouraged to upload any pertinent clinical information using the "Choose File" button.

- Once complete, click the green "E-sign and Send eConsult" button.

**Once submitted:**

- The request will be sent to the specialty you selected, and you will receive an email notification once the eConsult has been assigned to the appropriate provider.
- You will also receive an email once the specialist has responded with recommendations.

# Workflow Tips



## Make eConsult the 1st Option

If the patient needs a referral, try an eConsult first. An eConsult will provide a recommendation within 2 business days!

## Leverage Your EHR

Create the referral in your EHR as a placeholder. ReferWell can receive clinical information electronically from your EHR to streamline the process.



## Engage Support Staff

Your referral team front end staff, or medical assistants may help facilitate the process. Support staff can gather patient info & submit and eConsult on behalf of the provider.

## Keep eConsult Top-of-Mind

Print and post the specialties for which eConsult is an option, common conditions, and example questions to keep eConsults top-of-mind at your practice.



## Reach out for Support

support@referwell.com for platform related questions  
info@sctelehealth.org for SC eConsult program questions.

# Optimizing eConsults

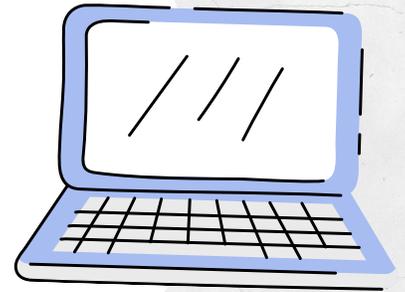


## Frame Clear Questions

Frame the requests as clear questions that can be reasonably addressed by the specialists.

## Provide Adequate Info

Provide the specialist with all information available in your EMR clinical notes, as well as any other relevant notes, images, or files to avoid a series of questions/responses and to eliminate the need for an in-person evaluation.



## Address Clinical Issues

Ask questions about clinical issues within your patient management scope and capability, i.e. issues that can be managed by you following consultation with the specialist (otherwise, a referral to the specialist may be the appropriate course).

## Inform Patient

Make sure patient is informed of any cost-sharing that may apply to eConsults and check the patient consent checkbox at time of request.



# Rheumatology

## Example Questions



What is the clinical significance of a positive, low titer ANA i.e.: 1:80?

How do we work it up and does it require a formal rheumatology consultation?

What are the recommendations for the acute and long-term management of gout?

What are the monitoring recommendations for the monitoring of immunosuppressive medicines such as methotrexate, biologic agents, cellcept etc?

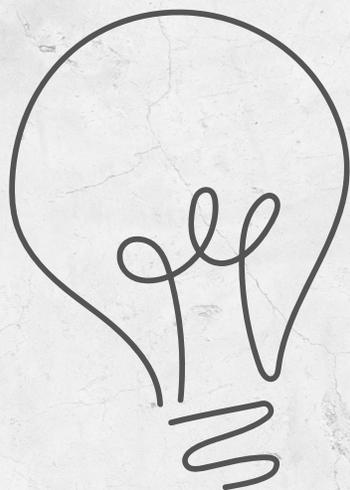
## Learn More

*A comparison of faxed referrals and eConsult questions for rheumatology referrals: a descriptive study*

*Identifying educational themes and knowledge gaps through analysis of electronic consultation (eConsult) between primary care physicians and rheumatologists*

# Endocrinology

## Example Questions



There is a discrepancy between the TSH (normal) and free T4 (elevated). Is this clinically meaningful and does this warrant an in-patient consultation?

Should an alternative osteoporosis agent be considered for my patient -on androgen deprivation therapy -who has had 5 years of alendronate, T score of -3.0 in the spine, and a BMD decline of 8% over 2 years in the hip & spine?

What is the interpretation of a TSH that is suddenly low for no obvious reason (normal T3/T4) in a patient with long-standing hypothyroidism, on a stable dose of Synthroid 100 mcg/ day?

Should my patient with a family history of autoimmunity be worked up adult onset type 1 (as opposed to type 2) diabetes, based on his clinical picture and rapid transition from oral therapy to insulin? If yes, which labs are recommended?

## Learn More

[eConsults to Endocrinologists Improve Access and Change Primary Care Provider Behavior](#)

[Impact of Endocrinology eConsults on Access to Endocrinology Care for Medicaid Patients](#)

# Neurology

## Example Questions



31-year-old female with history of migraines, MRI denied by insurance. Has trialed Imitrex, Maxalt and beta blockers. Currently doing well with sleep hygiene, diet, and exercise. What is the next best treatment for medication options?

Patient has had one grand mal seizure 6 months ago, has been seizure free since. Currently on a high dose of Keppra but no other medications. What is the best plan for tapering this medication?

74-year-old man with history of left sided CVA in 1990, unclear distribution; recently with episodic headache intermittently located in bilateral occiput, bilateral temples; MRI 6/2017 shows no acute abnormalities; mildly elevated ESR, otherwise labs WNL. Please recommend further evaluation steps of headache if necessary, would you consider temporal artery biopsy in this case? Thanks.

## Learn More

*Ask a Neurologist: Retrospective review of 387 consecutive questions submitted to the Champlain BASE™ service between May 2011 and January 2015*

# SC eConsult Success Stories

A rural physician consulted with an endocrinologist at an academic medical center through ReferWell, helping the patient avoid a referral appointment, time away from work and extra medical costs. The content below is anonymized from a real-world example to remove protected health information and ensure privacy.

## Problem:

Advice on diabetes management

## Solution:

Specialist recommended treatment plan

## Response Time:

Less than 4 hours

## Referring Physician's Question



Patient is non-compliant with diabetes medication and often injects insulin outside of instructed regime. They have seen a local specialist in the past but cannot afford their services due to transportation issues. They also do not like their current medication regime. Patient wants to stop current medication and has difficulty affording test strips. Our office has provided them with a glucometer, lancet device and boxes of 50 strips, which cost the patient \$5/box.

We request your services to assist us with managing their type I diabetes. Their sugars are labile and do not provide any consistencies. They report values as low as the 50s and then highs of 400s. Any assistance or guidance would be greatly appreciate to support this patient and re-establish a realistic plan of care.



## Consulting Specialist's Response

In regards to question about stopping the current medication regime: I would recommend against this due to concerns reported about labile glucose control, which can be worsened by use of premixed insulin regimen in the setting of type 1 diabetes. I would recommend he patient be continued on analogue basal insulin and analogue prandial and correction insulin.

If cost of specific medication is a concern: I would recommend an alternative basal insulin such as Lantus, Basaglar, Semglee as covered by insurance. If cost of specific medication is concern: I would recommend an alternative bolus insulin such as Humalog or Admelog as covered by insurance. Some measures to decrease lability of glucose control would be the use of consistent carbohydrate meals.

I would recommend a referral to a diabetes educator and dietitian to educate on medical nutrition therapy and specifically consistent carbohydrate intake across meals as fixed meal time doses are being used. This will also help educate the patient on adequate management of hyperglycemia and hypoglycemia. Motivational interviewing to help improve compliance will be important.

Recommend to ensure that the patient gives prandial insulin (Novolog) 10 to 15 minutes before meals as patient is not on a correction scale.

Recommend correction scale insulin NovoLog to be used based on sliding scale in addition to the scheduled mealtime food bolus. A simple Novolog insulin correction scale in this case would be 1 unit for every 50 mg/dL glucose above 150 mg/dL (max of 10 units each time on correction bolus).

Good work on reducing cost for patient in terms of testing supplies.

# SC eConsult Success Stories

A rural physician consulted with a rheumatologist at an academic medical center through ReferWell, helping the patient avoid a referral appointment, time away from work and extra medical costs. The content below is anonymized from a real-world example to remove protected health information and ensure privacy.

## Problem:

Advice on fibromyalgia pain management

## Solution:

Specialist offered a recommended treatment plan

## Response Time:

Less than 2 hours



Thank you for the eConsult. Treatment of fibromyalgia can be difficult, but there are lots of things your patient can do for herself at home in addition to medications. The tricyclic antidepressants given at bedtime, titrated to sleep without hangover, are inexpensive and effective in about 60% of cases. However, the cornerstones of treatment are 1) honing in on the sleep disorder and 2) getting patients involved in aqua aerobic therapy. If this patient has access to a pool and can even walk in the pool if not comfortable with swimming, that would be helpful. The goal ultimately (after about 8-12 weeks) is 30 minutes five times a week. Here is a good video online for patients to understand the disease at [www...](http://www...)

We do need to make sure that we are dealing with fibromyalgia. The new definition is widespread pain in the setting of a sleep disorder. I would use the widespread pain index and look for scores of 4 or more, which are 98% specific. The criteria below are a bit different and are very stringent. For the sleep disorder, I would ask the patient if she feels refreshed when she gets up and then probe potential causes like sleep apnea, frequent awakenings, difficulty falling asleep, etc. I recommend trying meditation apps, which can be helpful.

Finally, you did a sedimentation rate, a TSH, and these look good. I would check a 25 hydroxy vitamin D, with a goal of greater than 32 ng/ML. You can increase by 8 ng/ML with every 1000 units daily to reach that target.

Hopefully these suggestions below will be helpful for your patient. If she does develop joint swelling and morning stiffness, please schedule an appointment. See attachment for widespread pain index and symptom severity scale.

## Referring Physician's Question



The patient has been seen at our clinic for about a year. She was previously seeing pain management for fibromyalgia and came to us on various medications for pain. We recently added to her regimen to try and help with breakthrough pain.

She has several comorbidities. We did a small inflammatory/rheumatology workup last month and the results were negative. We have been unable to get her an appointment for physical therapy.

I would love any other recommendations you might have to help manage her pain. She still has tenderness of neck/back/shoulders and pain with simple movement such as walking or sitting for longer periods of time.